

**STATE OF KANSAS**  
**KANSAS ANIMAL HEALTH DEPARTMENT**

**George Teagarden, Livestock Commissioner**

708 SW Jackson Topeka, Kansas 66603-3714

Phone (785) 296-2326 FAX (785) 296-1765

[www.kansas.gov/kahd](http://www.kansas.gov/kahd)

**WE ACCEPT  
DISCOVER CARD  
Call for Information**

\_\_\_\_\_ Kansas License Number

**APPLICATION FOR KANSAS PUBLIC LIVESTOCK MARKET LICENSE  
RENEWAL OR TRANSFER**

Requirements for licensure and penalties are found in K.S.A. Chapter 40, Article 10 as amended and supplemented. This license application is for **Fiscal Year 2009** (July 1, 2008 through June 30, 2009) and must be accompanied by a \$40 fee.

\_\_\_\_\_

Market Name	Phone	NAIS Premises Registration No.
-------------	-------	--------------------------------

\_\_\_\_\_

Market 911Address	City	County	State	Zip
-------------------	------	--------	-------	-----

\_\_\_\_\_

Owner(s) Name

\_\_\_\_\_

Mailing Address if different from above

\_\_\_\_\_

e-mail address	fax number	cell phone #
----------------	------------	--------------

Social Security Number: \_\_\_\_\_

Request for individual social security number is:

1. Voluntary
2. Made pursuant to L. 1988, Ch. 307, Sec. 1
3. Requested for individual identification purposes

Manager: \_\_\_\_\_

**OFFICE USE ONLY**

Entered in Database \_\_\_\_\_ by \_\_\_\_\_

There is a returned check fee of \$30.00 for checks which are dishonored and returned unpaid to the KAHD for any reason.

Operating as: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Name of partners: \_\_\_\_\_

Officers of corporation: \_\_\_\_\_

President SS #

Vice President SS #

Secretary SS #

Veterinarian	Address	City	State	Zip
--------------	---------	------	-------	-----

Day or dates when market will be operated: \_\_\_\_\_

**Please include the following information with your application:**

1. Name and address of all persons having any financial interest in the market and amount of such interest.
2. Legal description of the real estate and complete description of facilities proposed to be used in connection with the market if any changes have been made in the last 12 months.
3. Schedule of commission charges, or copy of tariff filed with Packers and Stockyards Administration, ARS, USDA.

Signature of Applicant	Date
------------------------	------